

File No.—For State Registrar Only  
4987

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Byrnes If child is not yet named, make supplemental report as directed

2) ~~BOY OR~~  
~~Girl~~

4) Twins or Triplets *ONE*

5) Number in order of birth *2*

6) Are Parents Married? *Yes*

7) DATE OF BIRTH *2*  
BIRTH *2*  
(Name of Month) (Day) (Year)

(18) OCCUPATION \_\_\_\_\_

29) Number of children born to mother, including present birth 1-117

**THE CONCLUSION**

(71) Number of children of this mother 13

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(2B) I hereby certify that I attended the birth of this child, who was Titine at 5:4 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) M. A. Gorman M.D.  
(34) State whether Physician or Midwife (35) Address of Physician or Midwife

Given name added from a supplemental report

**(26) Witness** .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(BY) Filed 2004.22.23 (BY) *[Signature]*  
*[Signature]* County Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.